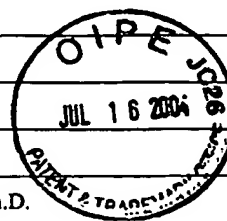


STATEMENT BY APPLICANT

(use as many sheets as necessary)

COMPLETE IF KNOWN

| | |
|-------------------------------|----------------------|
| Application Number | 09/081,737 |
| Filing Date | May 19, 1998 |
| First Named Inventor | Liu, Q. |
| Group Art Unit | 1653 |
| Examiner Name | K. C. Carlson, Ph.D. |
| Attorney Docket Number | 19959Y |



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|-------|---|----|---|
| Sheet | 1 | of | 2 |
|-------|---|----|---|

[illegible][illegible]

**Examiner
Signature**

H.C. Carlson

Date Considered

2-7-05

* Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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|---|---|----|---|--------------------------|----------------------|
| Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i> | | | | COMPLETE IF KNOWN | |
| | | | | Application Number | 09/081,737 |
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| | | | | Attorney Docket Number | 19959Y |
| Sheet | 2 | of | 2 | | |

[illegible]

| | | | |
|-----------------------|--------------|--------------------|----------|
| Examiner Signature | 19 C Carlson | Date Considered | 2-3-2005 |
|-----------------------|--------------|--------------------|----------|

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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